

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CHS</i>		11/6/99
O.I.P.E. CLASSIFIER		49	11/15/99
FORMALITY REVIEW	CM	71632	11-17-99 71632 1-4-00

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 A ..... Abandon  
 C ..... Canceled  
 R ..... Rejected  
 O ..... Objected

**BEST AVAILABLE COPY**

Claim	Final	Original	Date
1	1	1	11-26-99
2	2	2	11-26-99
3	3	3	11-26-99
4	4	4	11-26-99
5	5	5	11-26-99
6	6	6	11-26-99
7	7	7	11-26-99
8	8	8	11-26-99
9	9	9	11-26-99
10	10	10	11-26-99
11	11	11	11-26-99
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36	36	36	11-26-99
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39	39	39	11-26-99
40	40	NN	11-26-99
41	41	NN	11-26-99
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47	47	NN	11-26-99
48	48	NN	11-26-99
49	49	NN	11-26-99
50	50	NN	11-26-99

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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